

PERIOD		DATE		TREATMENT FACILITY			
FROM TO							
RATED BY		PRIVILEGES PERFORMED BY					
TITLE							
PRIVILEGES			RECOMMENDATIONS BY DEPT./SVS. CHIEF				
Privileges evaluation will be based on thorough appraisals of clinical performance.			ACCEPT- ABLE	BORDER- LINE	UNACCEPT- ABLE	REQUIRES ADDL. EDUCATION	SELDOM EXER- CISED
Special Studies, Invasive (Continued)							
u. Plasmaphoresis							
v. Pneumoencephalography							
w. Spinal tap							
x. Subclavian puncture							
y. Swan-Ganz catheterization							
z. Thoracentesis							
Other (Specify)							
Biopsy and Excision. Needle Biopsy of:							
a. Bone Marrow							
b. Kidney							
c. Liver							
d. Lung							
e. Thyroid							
f. Pericardial biopsy (Closed)							
g. Peritoneal biopsy (Closed)							
h. Pleural biopsy (Closed)							
i. Skin biopsy							
j. Small intestinal biopsy with Crosby capsule & Shiner tube							
Other (Specify)							
Endoscopy							
a. Bronchoscopy							
b. Colonoscopy							
c. Duodenoscopy							
d. Esophagoscopy							
e. Mediastinoscopy							
f. Peritoneoscopy							
g. Sigmoidoscopy							
Other (Specify)							